

(1) PLACE OF BIRTH

County of Anderson

Township of .....

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71207

Registration District No. 9A Registered No. 308  
(For use of Local Registrar)

(2) Full Name of Child... James Mattison { If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ (4) Twin or Triplet? (5) Number in order of birth 17 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 15 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

#### FATHER.

(8) FULL NAME Alf Mattison

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 51 (Years)

(12) BIRTHPLACE Anderson county

(13) OCCUPATION Farmer

20) Number of children born to mother, including present birth { 17

#### MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Mattison

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE Anderson County

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 9

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. H. Sellers, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 191 (28) J. H. Sellers Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

Local Registrar

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THIS IS TO BE KEPT IN THE REGISTER'S OFFICE AND NOT TO BE TAKEN AWAY BY ANY OTHER PERSON.

IF IN CASE OF TWINS OR TRIPLETS THIS IS A SEPARATE BLANK FOR EACH CHILD, AND, IN SUCH CASE, THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

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